

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		1/3	2/11/01
FORMALITY REVIEW	9A	854	5/19
RESPONSE FORMALITY REVIEW	T2	947	09/25/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		✓	10/11/00
2		✓	10/11/00
3		✓	10/11/00
4		✓	10/11/00
5		✓	10/11/00
6		✓	10/11/00
7		✓	10/11/00
8		✓	10/11/00
9		✓	10/11/00
10		✓	10/11/00
11		✓	10/11/00
12		✓	10/11/00
13		✓	10/11/00
14		✓	10/11/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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